AdOD ETRYINAN LSEE GODA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
F(OR			ER FILED	NUMBER		Ιг	RATE	FEE	OR 7		
BASIC FEE							MAIL		OR	RATE	FEE 690.00	
TOTAL CLAIMS			//	minus			lt	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			9	minus	3 = * /		 	X39=		1		1×
MULTIPLE DEPENDENT CLAIM PRESENT								∧39 <u>=</u>		OR	X78=	10
<u>۔</u> ا	the difference	ımp 1 ie	loss than z		+130=		OR	+260=				
l "	* If the difference in column 1 is less than zero, enter "0" in column 2									OR	TOTAL	16
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER SMALL ENTITY OR SMALL E				
AMENDMENT A		REM AF	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	1 0	23 A	Minus	"0	, = 5		X\$ 9=	93.N	OR	X\$18=	90
	Independent	*	7	Minus	··· *	=		X39=	3	OR.	X78=	
	FIRST PRESE	ENTATIO	ON OF MI	ULTIPLE DE	PENDENT CLAIN	M		+130⊭	11.	OR	+260=	
							Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	40
_	Law is comed at the		umn 1) AIMS	Towns (2004 School and Commence	(Column 2)	(Column 3)	<u></u>					•
AMENDMENT B		REM AF	AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***	=	F	X39=		OR	X78=	
	FIRST PRESE	NTATIC	ON OF MU	JLTIPLE DEI	PENDENT CLAIN	И .		+130=	<u>.</u>	OR	+260=	
							L	TOTAL			TOTAL	
		(Colu	ımn 1)		(Column 2)	(Column 3)	AL	DIT. FEE		, , ,	ADDIT. FEE	
AMENDMENT C		REM/ AF	AIMS AINING TER DMEN!T		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	= .		X\$ 9=		OR	X\$18=	_
	Independent	*		Minus	***	=	-	X39=		<u> </u>	X78=	· ·
	FIRST PRESE	NTATIO	N OF ML	JLTIPLE DEF	PENDENT CLAIM	<u> </u>	\vdash	7.00=		OR	A/6=	
* 1	f the entry in colur	mn 1 is le	ss than th	e entry in colu	mn 2 write "0" in co	olumn 3	L	⊦130=		OR [+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20 " ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION MINIBER! (9/662680)

Total Fee Calculation

	Fre Cart	7:0! # (1) := :	Namber Exem (K	F::	₹	<u>-</u> Total
	3a.1:			Sa. Sanay	L: Earney	Total
Busic Fille; Fee	100000			·	690	
Total Claims >20	****	11	/ ;			
المراجعة والمسامة	11101	4	/		28	
Multi Dag Clare Person	<u>1</u> 114, 1814		_ 	-	12)	
<i>c</i> ,	20000				1_1	-
Eartish Texasioned	(10)					
TOTAL FEE CALCULA		٨٥	BIE CO	UIAVA TS) 38	858
Total Filling Fees Dies =	, s	890	8			
Less Filling Fees Submit	ted - 5					
EALANCE DUE	= \$	896				: :
Office of Initial Passes Es	(amination					
- FORM ODE-RAMON (Rev.)	2:97)	Figur	·3 7) =		